

Governor's Office for Children

"Promoting the well-being of Maryland's children" * Local Management Boards ~ SCYFIS ~ Systems of Care



New Director Orientation

Introductions

- Name
- Local Management Board
- One Burning Question or What You Hope to Learn Today.

Governor's Office for Children

*"Promoting the well-being of Maryland's children" * Local Management Boards ~ SCYFIS ~ Systems of Care*

VISION

- **Children's Cabinet:** *All Maryland's children are successful in life.*
- **Governor's Office for Children:** *Maryland will achieve child well-being through interagency collaboration and state/local partnerships.*

MISSION

- **The Children's Cabinet, led by the Executive Director of the Governor's Office for Children (GOC), will develop and implement coordinated State policies to improve the health and welfare of children and families. The Children's Cabinet will work collaboratively to create an integrated, community-based service delivery system for Maryland's children, youth and families. Our mission is to promote the well being of Maryland's children.**

Maryland's Youth Policy Structure

Inform and support the collective and specific work of the Children's Cabinet; Promote the values, policies and practices that continually advance the wellbeing of Maryland's children and families; Partner with LMBs to plan, coordinate and monitor the delivery of integrated services along the full continuum of care; Oversee the use of Children's Cabinet Interagency Funds in accordance with policies and procedures established by the Children's Cabinet; and Assist the Children's Cabinet in the allocation of funds .

**Governor's Office for
Children (GOC)**

Children's Cabinet

**Joint Committee for
Children, Youth and
Families**

**Advisory Council
For Children**

**Local Management
Boards (LMBs)**

Coordinate State efforts to improve the health, education, safety, and economic well-being of children; Investigate factors that jeopardize the condition of the State's children; Recommend new laws, regulations, and budget priorities; Recommend remedies to interdepartmental inefficiencies in services; and Inform the Legislature and the general public of issues concerning the special needs of children, youth, and families.

Maryland's Youth Policy Structure

Promote the vision of the State for a stable, safe, and healthy environment for children and families; Provide a regular forum for State agencies to coordinate policy recommendations for the Governor; and Establish priorities and strategies for the coordinated delivery of services for children and families.

Governor's Office for Children (GOC)

Children's Cabinet

Joint Committee for Children, Youth and Families

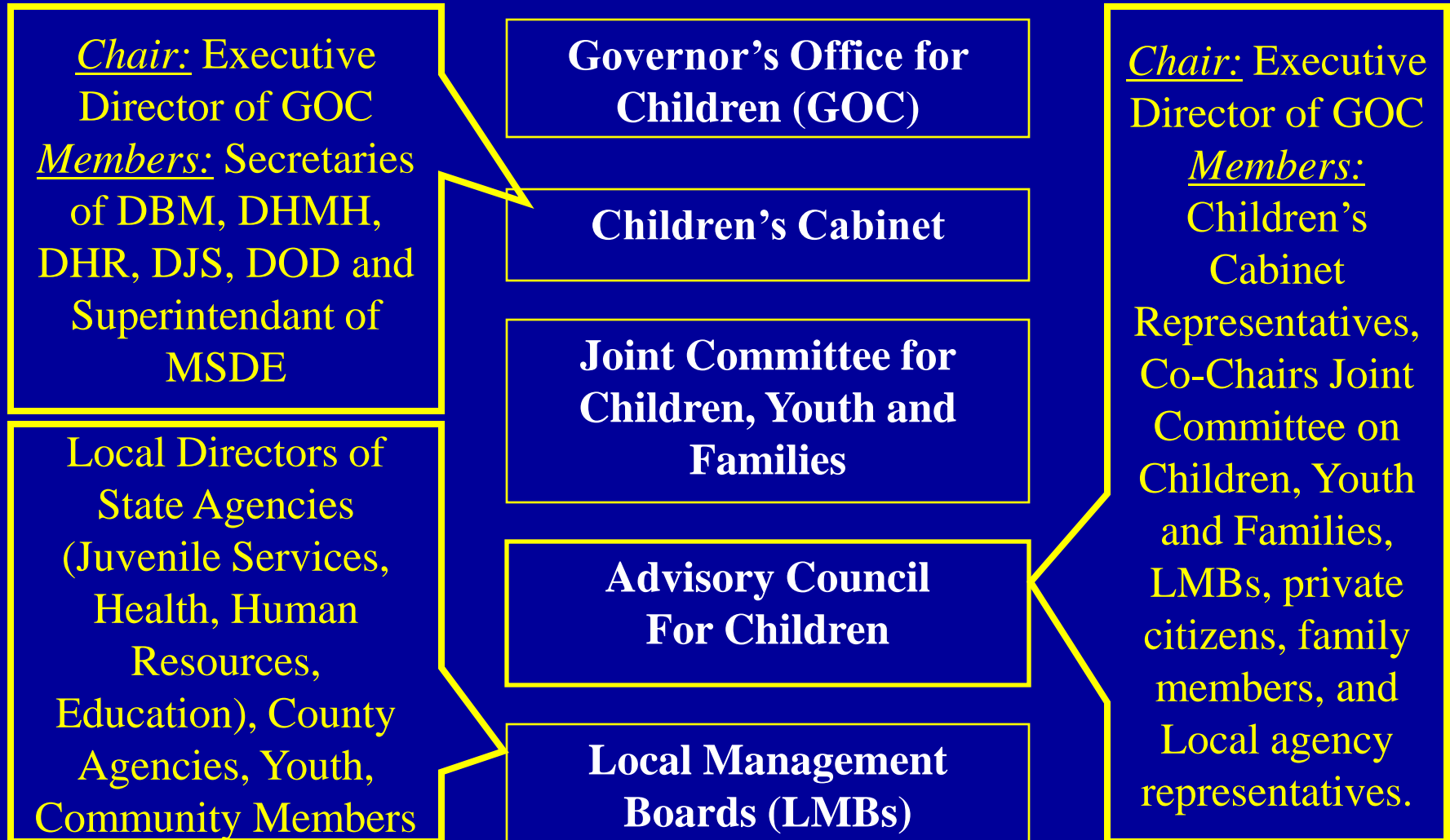
Advisory Council For Children

Local Management Boards (LMBs)

Make recommendations for integrated children and family programs; Coordinating with local governments, LMBs, and private groups

Strengthen the decision-making capacity at the local level; Design and implement strategies that achieve clearly defined results in a local 5-year strategic plan; Maintain standards of accountability; Influence the allocation of resources; Coordinate services to eliminate fragmentation and duplication; Create an effective system of services that improve outcomes for all children, youth, and families.

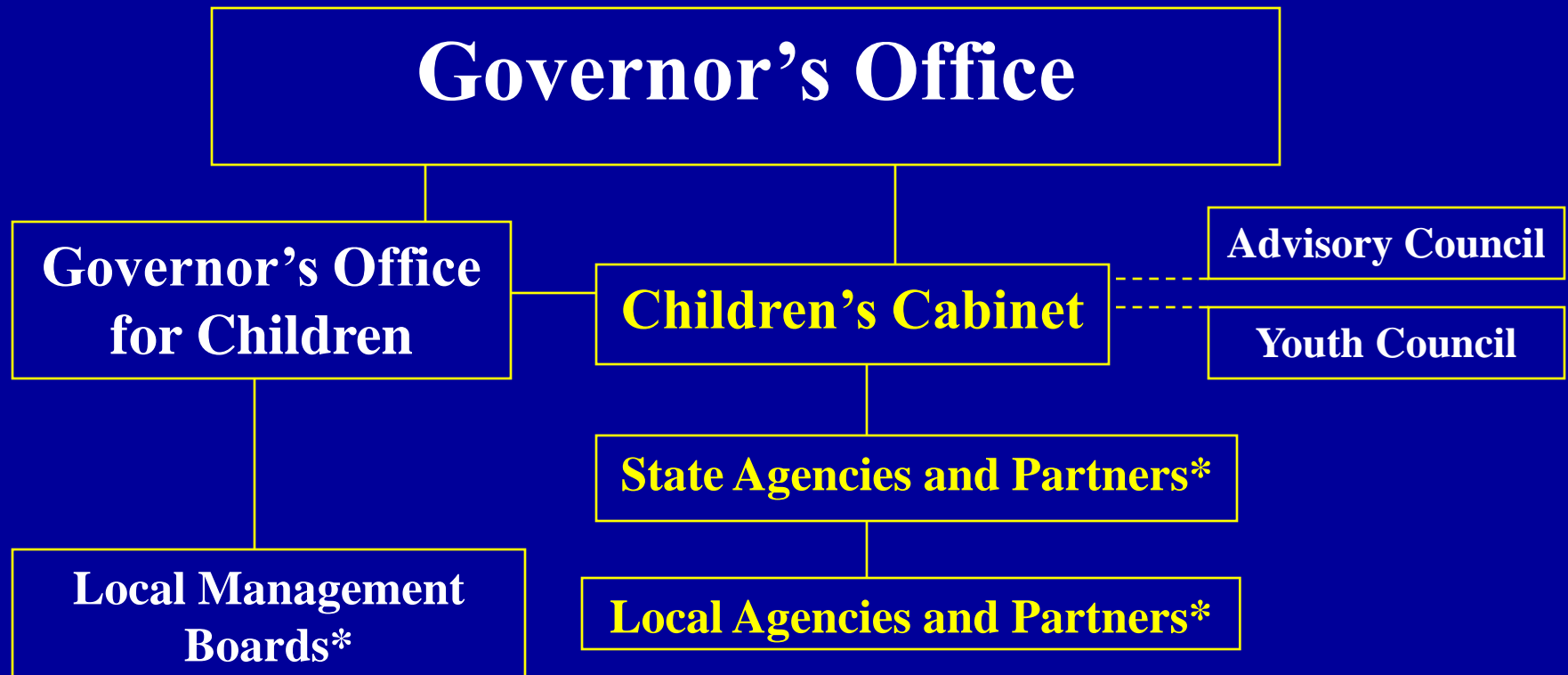
Maryland's Youth Policy Structure



Governor's Office for Children

- Staff to the Children's Cabinet.
- Informs and supports the collective and specific work of the Children's Cabinet;
- Promotes the values, policies and practices that advance the well being of Maryland's children and families;
- Assists the Children's Cabinet in the allocation of any funds assigned to the Children's Cabinet for distribution as grants to any State agency, local government or organization, Local Management Board, or private organization.

Collaboration



Maryland's Families

* Includes: families, advocates, community organizations and other partners

Local Management Boards

- The establishment of Local Management Boards (LMBs) was originally provided for in Article 49D that was enacted in 1990 and sunset on June 30, 2005.
- In response to the sunset of Article 49D, Executive Order 01.01.2005.34 was issued on June 9, 2005 establishing the Children's Cabinet and the Governor's Office for Children (GOC).
- During the 2006 legislative session, the General Assembly passed Senate Bill 294/House Bill 301 that re-codified the LMBs. The Bills were signed into law on May 2, 2006, re-establishing LMBs in Article 49D.
- Effective October 1, 2007, Article 49D was reorganized and incorporated into Title 8 of the Human Services Article of the Maryland Annotated Code.

Children's Cabinet Fund

- Established by § 8-502, of the Human Service Article.
- § 8-505 Provides for disbursements to LMBs from the Children's Cabinet “subject to the terms, conditions, performance measures, or outcome evaluations that the Children's Cabinet considers necessary.”
- Requires the LMB to:
 - Develop and submit a Community Partnership Agreement (CPA); and
 - Use the funds to implement a local interagency services delivery system for children, youth and families in accordance with the CPA; and any terms, conditions and performance measures that the Children's Cabinet requires.

Children's Cabinet Fund

- Where does the money come from?
- How is the amount of funding decided?

Children's Cabinet Fund

- Funding is put forth in the Governor's budget that is presented to the Legislature (drops) on a specified date.
- Committee hearings:
 - Senate Budget and Taxation
 - House Appropriations
- Budget ratified by Legislature.

Children's Cabinet Fund

- That budget approved by the Legislature becomes the appropriation for the next fiscal year.
- Nothing is final until the last day of the session (Sine Die) in April.
- During the year, the Board of Public Works may enact budget reductions to:
 - Reduce the appropriation
 - Reversion

What's the money for?

Programs/Services Funded

- Local Coordinating Council (LCC)
 - Comprised of local representatives from each of the public child-serving agencies and either a parent of a child with special needs or a member of a local parent advocacy group. The LCC reviews all cases of youth placed or with a plan for placement into in-state residential placements and out-of-state placements with State and local funding.
 - Funding for administrative costs of the LCC is provided by the Children's Cabinet Fund to the LMB.

Programs/Services Funded

- Community Services Initiative (CSI)
 - COMAR 14.31.01.10
 - CSI funding is provided to the LMB for the Local Coordinating Council to provide intensive community-based services to children.
 - CSI funding allows children to receive residential treatment center level of care while remaining in or close to their homes and families.
 - New entries into the program were suspended 2/3/09 due to budget reductions.

CSI Eligibility

- The child must have an open case and currently be receiving services from a Lead Agency; and
- There must be a determination that the child's needs can be met without Children's Cabinet funding after a period of two (2) years, based upon:
 - A clinical assessment that the child's needs for the services included in the community-based service plan will substantially diminish within a two-year period; or
 - The documented commitment of the child's lead agency, or other agencies or funding sources, to assume responsibility for the funding and implementation of the child's plan of care after two (2) years.

CSI Priority

- The descending order of priority for CSI funding is as follows:
 - A child in need of OOS placement, as defined in COMAR 14.31.01.02B(2);
 - A child in need of OOS placement, as defined in COMAR 14.31.01.02B(2), already placed out-of-State;
 - A child in need of residential placement, as defined in COMAR 14.31.01.02B(3), awaiting discharge from an in-State residential placement;
 - A child in need of residential placement, as defined in COMAR 14.31.01.02B(3), recommended for in-State placement; and

CSI Priority

- A child with intensive needs, subject to the availability of additional State funding and in accordance with the Children's Cabinet plan.
- *Note – the Children's Cabinet has not approved this category for CSI funding.*

CSI Services

- Funding for all cases will be based on the actual cost of the approved plan of care.
- All line items in the budget/Grand Spending Plan must correlate to a goal or need in the youth's approved Plan of Care and should be individualized for the child based on his plan of care.
- It is impossible to provide a list of “approved” expenses since services are to be individualized for the youth according to the Plan of Care. Thus, there are potentially as many services as there are youth served.

CSI Clinical Recommendations

- Because an RTC placement requires medical eligibility, the recommendation for an RTC placement must be signed by a licensed medical practitioner.
- For CSI, a return or diversion from a non-RTC (MA funded placement) out-of-state placement would not require a recommendation from a licensed medical practitioner.

CSI Funding Limitations

- \$100,000 per year per child for Core Service Agency referrals.
- \$70,000 per year per child for all other Lead Agency referrals.
- At least 30% of the total cost of the plan of care must be funded by non-LCC funds.
- If eligible, CSI can fund up to two (2) years of a youth's plan of care.

Other CSI Limitations

- Services may be provided to a youth for a maximum of two years. This is a lifetime limit.
- Services not identified in the plan of care cannot be funded.

CSI Exclusions

- CSI is NOT a step-down service, but an alternative to in-state residential or out-of-state placement. Eligible youth must be in need of an out-of-state placement or an in-state RTC to be eligible for CSI.
- ▶ Funds cannot be used for RTCs, educational placements, or other non-community-based placements or hospitalizations.
- Funds cannot be used for any service to which the child has a legal entitlement.

Rehab Option

- Authority - Heath General 15-139 and COMAR 14.31.08.05
- Provides funding for community-based services and community-based out-of-home placements for children with mental or developmental disabilities not in State custody, regardless of eligibility for the State Medical Assistance program.
- New entries into the program were suspended 2/18/09 due to budget reductions.

Rehab Option Eligibility

- The child must be:
 - In an out-of-home placement and recommended for discharge but the child's family is unwilling or unable to have the child return home; or
 - In the home but the child's family is unable to provide appropriate care for the child without additional services and the child is at risk of requiring an out-of-home placement or the treating professionals have recommended an out-of-home placement.

Rehab Option Priority

- Eligible youth must meet one of four priorities in order to receive services:
 - Children in an RTC who are eligible for the psychiatric residential treatment demonstration waiver referenced in Health-General Article, 15-130.1, Annotated Code of Maryland;
 - Children whose families have requested a Voluntary Placement Agreement (VPA) if the child or family needs interim or alternative services for the purpose of:
 - Keeping the child at home in the community; or
 - Providing an interim residential placement while the family is seeking a VPA;

Rehab Option Priority

- Children with or without Medical Assistance whose families have requested placement in an RTC or intermediate care facility for the mentally retarded and who have been determined medically eligible for this placement if services under this chapter would enable the child to continue to live at home; and
- Children in need of services to return home who are in hospitals, emergency rooms, RTCs, and other out-of-home placements after they have been identified as ready for discharge when the family is:
 - Unwilling to have the child return home; or
 - Unable to meet the child's needs at home without additional services.

Rehab Option Services

- Individual services may be funded only if the services:
 - Are authorized in the child's plan of care as specified in COMAR 14.31.08.08; and
 - Include a transition plan.
- The LMB/LCC may fund various services dependent on the child's need, including but not limited to:
 - Vocational classes;
 - Sports activities;
 - Camps and recreational programs;
 - After school or holiday programs;
 - Mentoring;
 - Occupational/vocational therapies; or
 - Social skill development training.

Clinical Recommendation

- Because an RTC placement requires medical eligibility, the recommendation for an RTC placement must be signed by a licensed medical practitioner.
- Priority 2 (Voluntary Placement) and Priority 4 (ready for discharge) no longer meet medical eligibility for placement, and thus do not require clinical recommendation by a licensed medical practitioner.
- Priority 2 does, however require that the family formally apply for a VPA with the local Department of Social Services according to the local protocol.

Rehab Option Funding Limits

- \$100,000 per year per child for CSA referrals.
- \$70,000 per year per child for all other Lead Agency referrals and self-referrals.
- Services are time-limited, not to exceed two (2) years from the first date of service (inclusive of LCC Flex Fund services).

Rehab Option Exclusions

- Funds cannot be used for services for youth in State-agency custody.
- Services not identified in the plan of care cannot be funded.
- Funds cannot be used for RTCs, educational placements, or other non-community-based placements or hospitalizations.
- Funds cannot be used for any service to which the child has a legal entitlement.

Rehab Option Exclusions

- Rehab Option may not be used as a step-down program for youth who have received two (2) years of service from the CSI program.
- Rehab Option may not be used to supplement services provided to a youth who is receiving VPA services funded by the local DSS.

Service Delivery

- Currently, the LMBs administer CSI and Rehab Option services (and in four jurisdictions, high-fidelity Wraparound) thorough a contract with a vendor who provides case management/care coordination services to eligible youth and arranges for the provision of the services identified in the plan of care.
- GOC, on behalf of the Children's Cabinet, issued an RFP to implement a statewide system of care management entities (CMEs) for the provision of CSI, Rehab Option and high-fidelity Wraparound services funded through the Children's Cabinet Fund.

Statewide CME Structure

- Instead of the LMB executing a contract for services in the jurisdiction, the Children's Cabinet will contract with a vendor to provide services to a region.
- This will allow for the expansion of the CME structure currently in operation in four jurisdictions to the remaining 20 in Maryland.
- There will be minimal, if any, impact on families and youth receiving services:
 - CSI, Rehab Option, and Wraparound services will still be available (subject to budget limitations)
 - Possible change in provider is the most likely negative impact, but transition period with both vendors is planned.
 - An increase in available services is a projected benefit.

Statewide CME Structure

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Statewide CME Structure

- The anticipated start date of the contracts is November 1, 2009 (which includes a two-month transition period, with an assumption of full operation on December 28, 2009).
- For services from 7/1/09 to 12/27/09, LMBs with existing contracts for the provision of CSI and Rehab Option (and Wrap Maryland in the applicable jurisdictions) services may extend those contracts (in accordance with applicable local procurement requirements) to ensure continuity of services for eligible youth.
- Effective 12/28/09, the CME will assume full operation.

Programs/Services Funded

- Local Access Mechanism (LAM)
 - Funding is provided for LAMs to connect families and youth with services and supports in their communities. The LAM is open to all families, and may provide information and referral services through a website, phone number, and/or a drop-in center.
 - Some LAMs in Maryland also offer systems/family navigation services to provide additional assistance to those families that are having difficulty identifying resources or connecting with services.

Programs/Services Funded

- The LMB also makes funding available locally through the CPA to address the jurisdiction's identified priorities and strategies as identified in the needs assessment and articulated in the LMB's strategic plan.
- Examples:
 - Youth development;
 - Prevention services;
 - Crisis and early intervention;
 - Services for children at risk of out-of-home placement or returning from out-of-home placement; and
 - Out-of-home placement and treatment.

Community Partnership Agreement

How were local Community Partnership Agreements created/developed?

Community Partnership Agreement

Invitation to Negotiate a Community Partnership Agreement (ITNCPA) for FY08-FY10 CPAs

- Spring 2007
- Meetings with local team and State team
- New funding was available
- Development of a three-year plan with one year funding.

Community Partnership Agreement

- Funding for the LMBs comes from the Children's Cabinet Fund through a contract known as the Community Partnership Agreement (CPA).
- The CPA is established after an LMB conducts a community needs assessment, negotiates with the State, and makes a long-term commitment to produce improved outcomes in one or more of the State's eight Results for child and family well being.
- In FY10, the Children's Cabinet Fund provides more than \$36 million (initial allocation) in funding to LMBs to support local programs for families and children.

What Are We Trying to Achieve?

Child Well-Being Results



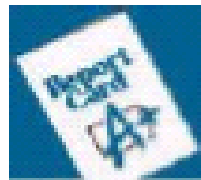
Babies Born
Healthy



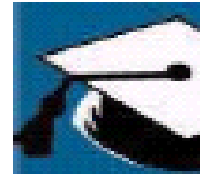
Healthy
Children



Children Enter
School Ready
To Learn



Children
Successful
In School



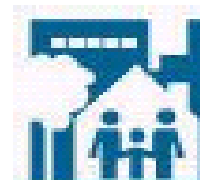
Children
Completing
School



Children Safe in
Their Families &
Communities



Stable &
Economically
Independent
Families



Communities
That Support
Family Life

Development of the CPA

Using the Results Accountability Framework

- *Who is the target population?*
 - *Demographic information*
 - *Population*
 - *Socioeconomic factors*
- *What are the results your community is trying to achieve?*
- *What do the data tell us?*
 - *Which indicators will you use to measure each of these results?*
 - *Provide local jurisdictional data.*
 - *What is the historical baseline and future forecast (and/or trend line)?*
 - *For each indicator, is the indicator heading in the right direction?*

Development of the CPA

Using the Results Accountability Framework

- *What is the story behind the data and the direction it is heading?*
 - *If the data are trending in the wrong direction, what are the causes and forces at work that are contributing to this direction?*
- *Who are the partners who have a role to play in doing better?*
 - *What partners have been involved in your planning process?*
 - *How have families been involved?*
 - *Who will continue to be involved?*
 - *How have you insured that cultural competency has been addressed throughout the process?*

Development of the CPA

Using the Results Accountability Framework

- *What strategies work to “turn the curve” and make things better?*
 - *What are the strategies that are currently working and should be included?*
 - *What else is needed in the community?*
 - *What are some of the low cost/no cost ideas that you will implement?*
- *Action plan:*
 - *What are your prioritized strategies? How will cultural competency be addressed in each strategy?*

Community Partnership Agreement

Invitation to Negotiate a Community Partnership Agreement For FY08-FY10 CPAs

Integrated Systems of Care

- State Priority Result - Stable and Economically Independent Families
 - Indicator - OOH Placement
 - Strategies -
 - High Fidelity Wraparound
 - Local Access Mechanism
 - Community Services Initiative (CSI)
 - Rehab Option

Negotiated Community Partnership Agreements

- Result - Locally Determined
 - Indicator - Locally Determined
 - Strategies - Locally Determined
- Result - Healthy Children
 - Indicator - Substance Abuse
 - Strategies - Adolescent Substance Abuse Counselor in Schools

Community Partnership Agreement

The plan is finalized. Now what?

Community Partnership Agreement

- Execution of the CPA.
 - GOC disburses funding to the LMBs through a contract – either the CPA or a grant agreement.
 - The CPA is the contract executed between the Children's Cabinet and each LMB that is individualized to the needs of the jurisdiction and details the roles and responsibilities of each party including the services to be provided to the community and the funds awarded to the LMB.
 - Grant agreements have been used for NOFA, RDEF, etc.

Community Partnership Agreement

- The CPA is composed of the following sections:
 - Standard Provisions – Including the scope of the agreement and standard legal clauses such as term, termination and general provisions and conditions of agreement;
 - Appendix A – The LMB results section that details the specific child well-being results and indicators that the LMB will work to address;
 - Appendix B – The annual budget for Children’s Cabinet Interagency funds awarded to the LMB; and
 - Appendix C – The multi-year budget.

Community Partnership Agreement

- A new CPA in its entirety, or new Appendices, as appropriate, must be executed at the end of each term for the subsequent term.
- The first payment shall be withheld until the CPA or Appendices, as applicable, are completed, approved and signed by all parties.

Community Partnership Agreement

- LMBs shall utilize standardized performance measures tables as developed by GOC for applicable programs. In the absence of a standardized table, the LMB shall develop a table and request GOC approval for the table in advance of its implementation.
- LMBs shall develop targets for each performance measure on the performance measures table(s) to be included in the Appendix A of the CPA each fiscal year.

Appendix A

LMB:

Program Name:

Program Summary:

Target Population:

FY10 Funding:

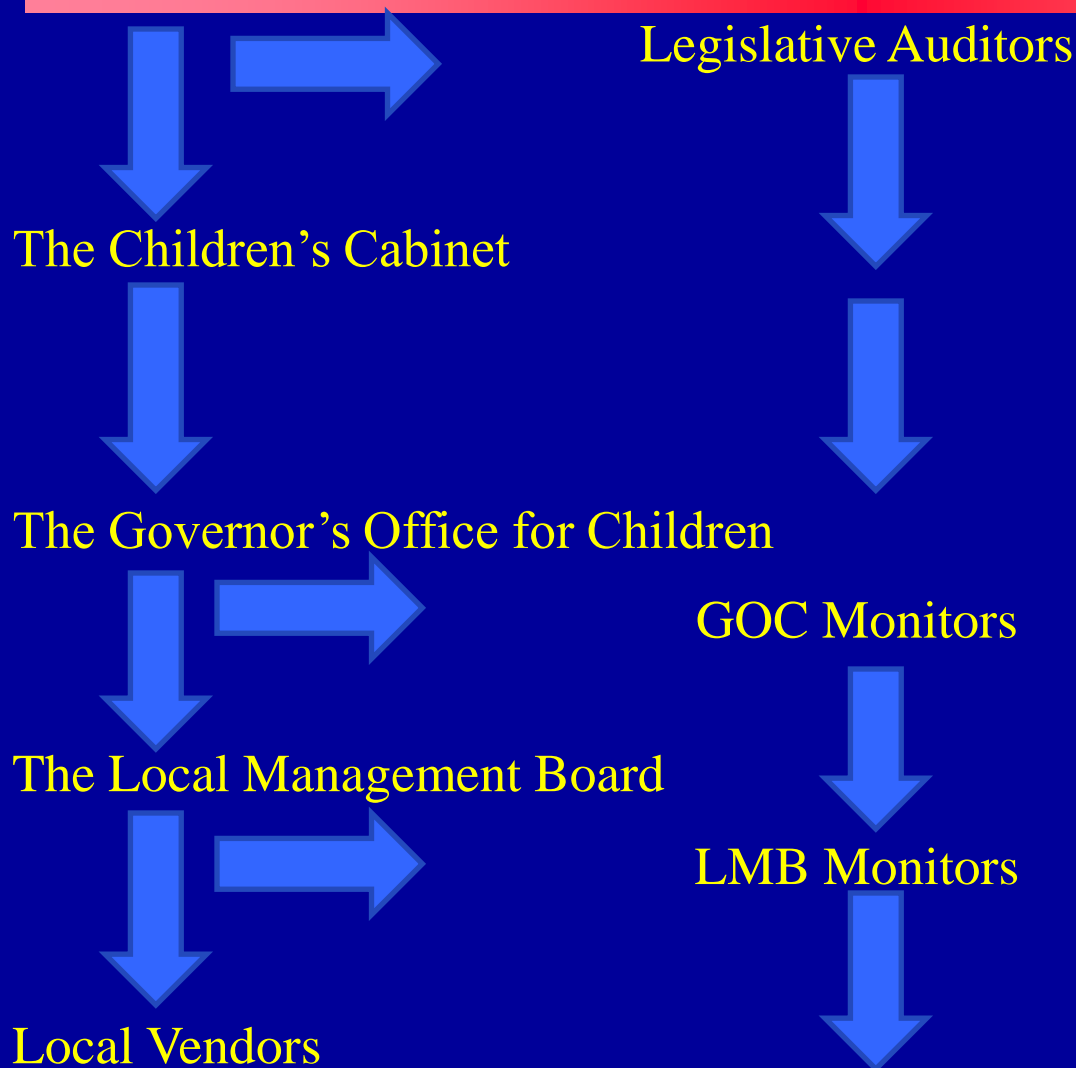
Performance Measure	FY06 Actual	FY07 Actual	FY08 Actual	FY09 Actual 7/1-12/31/08	FY10 Target
What/How Much We Do:					
<ul style="list-style-type: none"> List two or three headline measures 					
How Well We Do It:					
<ul style="list-style-type: none"> List two or three headline measures 					
Is Anyone Better Off?					
<ul style="list-style-type: none"> List two or three headline measures 					

Community Partnership Agreement

- See Manual Section II, Subsection 20
 - Modification
 - Reporting
 - Unspent funding

The Big Monitoring Picture

The Governor



What GOC monitors look for...

Did the LMB do what it said it would do?
As defined by the CPA, the term of the contract,
conditions of the grant award, etc.

Did the LMB do what it was supposed to do?
As defined by the Manual, the contracts, State and
local laws, regulations and policies, etc.

How GOC monitors...

Scope of Monitoring

Community Partnership Agreement (CPA), grant awards issued by
GOC, earned reinvestment plans

State of Maryland Policies and Procedures
Manual for Local Management Boards (Manual)

State and local laws, contracts, regulations and policies

What GOC monitors look for...

Contracts:

- ✓ Children's Cabinet funds are not used for services that could be/should be provided by another organization or State agency (supplantation).
- ✓ Contracts stipulate maximum funds available based on specific terms.
- ✓ LMB and State agency access to all information, including client records, consistent with State and federal laws.
- ✓ Contracts contain all required provisions.

What GOC monitors look for...

Contracts:

- ✓ Grant Conditions - Vendor requirements are outlined as a condition of the contract (e.g., reporting requirements, data collection, program activities, etc.).
- ✓ Evidence of LMB Monitoring - Completed monitoring tools/reports, as well as evidence of vendor remediation of identified areas of deficiency.

What GOC monitors look for...

Evidence of LMB Monitoring

- ✓ Documentation supporting the monitoring of contract requirements.
- ✓ Evidence of remediation of areas of deficiency.

What GOC monitors look for...

Desktop vs. Site Visit Monitoring

- **Desktop Monitoring** consists of the review of documentation (e.g., program, fiscal or data reports, contact notes, etc.) to determine the vendor's progress towards meeting the terms of the contract.
- **Site visits** require an actual on site examination of the grant requirements.
- The LMB must determine the best method(s) to monitor its vendors based on availability of monitoring staff, grant conditions, services funded, etc., keeping in mind that there are some grant conditions that can only be monitored by a site visit.

What GOC monitors look for...

Monitoring Tools

- ✓ Monitoring tools should address all grant requirements, especially those that can only be verified through an onsite review (e.g., confidential records, programming, physical objects, staffing, etc.).
- ✓ The monitoring tool should document what was reviewed and how the rating (e.g., full compliance, partial, not in compliance, not applicable, etc.) was determined.

What GOC monitors look for...

Reporting and Remediation

- The monitoring process is not complete without reporting the results of the monitoring and the remediation of any areas of deficiency.
- LMB monitoring files should contain a completed report with evidence of debriefing and/or the release of the report.
- Reports should outline a remediation procedure with a deadline date, if applicable.
- If applicable, LMB monitoring files should contain evidence of remediation.

Miscellaneous

- Earned Reinvestment
- Reports

Questions and Answers

Governor's Office for Children

*"Promoting the well-being of Maryland's children" * Local Management Boards ~ SCYFIS ~ Systems of Care*

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